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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

2011

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2011 or tax year beginning , and ending

Name of foundation **DEAN C & GLORIA SMITH FOUNDATION**

Number and street (or P.O. box number if mail is not delivered to street address) **320 JUNIPER HILL RD**

Room/suite

City or town, state, and ZIP code **RENO, NV 89509-2934**

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity
☐ Final return ☐ Amended return
☐ Address change ☐ Name change

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) **\$ 496,672.** (Part I, column (d) must be on cash basis.)

J Accounting method: ☒ Cash ☐ Accrual
☐ Other (specify)

A Employer identification number **20-1663000**

B Telephone number **775-746-8760**

C If exemption application is pending, check here ☐

D 1. Foreign organizations, check here ☐
 2. Foreign organizations meeting the 85% test, check here and attach computation ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	3,900.		N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	18,594.	18,594.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-26,883.			
	b Gross sales price for all assets on line 6a	25,657.			
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income					
12 Total. Add lines 1 through 11	-4,389.	18,594.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	5,000.	5,000.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees	25.	25.		0.
	b Accounting fees	1,172.	1,172.		0.
	c Other professional fees				
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses	559.	528.		0.
	24 Total operating and administrative expenses. Add lines 13 through 23	6,756.	6,725.		0.
25 Contributions, gifts, grants paid	16,045.			16,045.	
26 Total expenses and disbursements. Add lines 24 and 25	22,801.	6,725.		16,045.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-27,190.				
b Net investment income (if negative, enter -0-)		11,869.			
c Adjusted net income (if negative, enter -0-)			N/A		

**Outgoing Wire Transfer
Domestic Or International
US FUNDS ONLY**

Wire amount:	237.00
Fee:	30.00
Total Amount to be Charged:	267.00
Debit Account #:	71009880

Alliance Bank of Arizona and First Independent Bank, divisions of Western Alliance Bank,
Bank of Nevada and Torrey Pines Bank are affiliates of Western Alliance Bancorporation

Date: 05/15/12	Branch#: RENO MAIN / 31	Sending Bank Name and ABA: WAB - 122105980	
Receiver ABA:	091036164	Rec Bank Name and City:	US TREAS SINGLE TX
Amount:	237.00	Recurring Wire Template:	N/A
Originator Name: DEAN AND GLORIA SMITH FOUNDATION INC			
Originator Address: 320 JUNIPER HILL RD. RENO NV 89509			
Agent name (if applicable) N/A			
Beneficiary Name:	DEAN AND GLORIA SMITH FOUNDATION INC	Account#:	20-1663000
Beneficiary Address: 320 JUNIPER HILL RD. RENO NV 89509			
Originator to Beneficiary Information: 20-1663000 DEAN DEAN C & GLORIA SMITH FOUNDATION 99037 2011 12			
Financial Institution to Financial Institution Information: N/A			

Beneficiary's Bank: ****complete this section only if the wire beneficiary bank differs from the receiving bank- FOREIGN WIRES****

Identifier/Account#:	N/A
Name:	N/A
Address:	N/A
SWIFT#:	N/A
COUNTRY:	N/A

The originating affiliate of Western Alliance Bancorporation is not responsible for delays, errors, claims or damages occasioned by the fault or negligence of correspondents through whose hands it may pass, once Bank has delivered the transfer to its correspondent. If any transfer is to any point outside the United States and a refund is necessary for any reason, the refund is to be made at Bank's current buying rate for exchange at the time of such refund.

I (We) hereby request Bank to effect this transfer at my (our) risk to such person as the receiving bank believes to be the within named payee.

Richard J. Fumai
Customer Signature

5/15/12
Date

ORIGINATING OFFICE USE

BR/DEPT: <input checked="" type="checkbox"/> Branch <input type="checkbox"/> Note <input type="checkbox"/> RE <input type="checkbox"/> Acct	REC'D * FTA reqd: <input checked="" type="checkbox"/> In person <input type="checkbox"/> *Fax <input type="checkbox"/> *Telephone <input type="checkbox"/> *Email	<input checked="" type="checkbox"/> Funds verified
CALLBACK Performed by init:	Made to:	Time: Security question (specify A-E):
STATS:	Date/Amt last deposit /	Source of funds
	Wire history (i.e. routine/ first)	Add'l comments (if appl)
PREPARER SIG: <i>AKM Cecena</i>	Resp Code: 2353	APPROVER SIG: <i>Shay</i>
ADD'L APPROVER SIG (or insert name if approval obtained via phone/email):	Resp Code:	ADD'L APPROVER SIG (or insert name if approval obtained via phone/email):
		Resp Code: 11124

WIRE DEPT USE

Input by:	Verified by:	GFX Reference #
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